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Health Board

**POWYS TEACHING HEALTH BOARD
PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE**

CONFIRMED

**MINUTES OF THE MEETING HELD ON THURSDAY 16 NOVEMBER 2023
VIA MICROSOFT TEAMS**

Present:

Rhobert Lewis	Independent Member (Committee Chair)
Ian Phillips	Independent Member (Vice Chair)
Ronnie Alexander	Independent Member
Kirsty Williams	Independent Member
Jennifer Owen-Adams	Independent Member

In Attendance:

Mererid Bowley	Director of Public Health
Pete Hopgood	Deputy Chief Executive and Director of Finance, Information & IT
Stephen Powell	Director of Performance and Commissioning
Kate Wright	Medical Director
Hayley Thomas	Interim Chief Executive Officer
Claire Madsen	Director of Therapies and Health Sciences
Helen Bushell	Director of Corporate Governance
Claire Roche	Director of Nursing and Midwifery
Adrian Osborne	Assistant Director of Communications and Engagement
Samantha Ruthven- Hill	Assistant Director of Planning
Clare Lines	Assistant Director Commissioning Development
Nichola Kelly	Senior Manager Planned Care
Luke Jones	Designated Education Clinical Lead Officer

Observing

Andrea Blayney	Community Health Council
Bethan Hopkins	Audit Wales

Apologies for absence:

Claire Madsen	Director of Therapies and Health Sciences
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Committee Support:

Belinda Mills	Corporate Governance Officer
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PPPH/23/18	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Committee Chair welcomed Members and attendees to the meeting and CONFIRMED that there was a quorum present. Apologies for absence were NOTED as recorded above.</p>
PPPH/23/19	<p>DECLARATIONS OF INTERESTS</p> <p>There were no Declarations of Interest made.</p>
PPPH/23/20	<p>UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE HELD 11 MAY 2023</p> <p>The Committee APPROVED the minutes of the meeting held on 11 MAY 2023, as being a true and accurate record.</p> <p>The following comment was raised regarding minute PPPH/23/08 – In terms of multiple regional pathways, where are the process of principle vulnerabilities as things are wrong with principle?</p>
PPPH/23/21	<p>COMMITTEE ACTION LOG</p> <p>The Committee Action Log was received, and ongoing actions were discussed.</p> <p>PPPH/22/57b – Endoscopy Services:</p> <p>The Director of Corporate Governance confirmed an update on endoscopy was scheduled for the February meeting, in the meantime a verbal update was provided. The Senior Manager of Planned Care outlined that clinical endoscopists have driven the transition of endoscopy services since August. The Cytosponge Capital pilot began in October and had received very positive feedback from patients and staff. Clinical Endoscopists have also received training in nasal endoscopy and will begin work in the new year. The lead nurse for endoscopy has been appointed as the Joint Advisory Group (JAG) lead nurse nationally. The JAG annual review for the Endoscopy unit in Brecon was successful in January 2024.</p> <p>The JAG accreditation process for Llandrindod Wells will start shortly with the intention of gaining a second JAG accredited service.</p> <p>Independent Members asked the following questions for assurance.</p> <p><i>Does the accreditation visit also include Transnasal Endoscopy and Cytosponge or is it purely for conventional endoscopy?</i></p>

	<p>The Senior Manager Planned Care explained this would include a wide range of services. Its objective is to guarantee the presence of quality, safety, and environmental standards for the service as a whole.</p> <p>PPPH/22/56 – Evidence based data for PTHB outcomes:</p> <p>The Director of Planning, Performance and Commissioning highlighted that benchmarking encompasses a broad range of indicators and covers all domains of the health service. At present, the Health Board utilises numerous systems to gain insight into services including:</p> <ul style="list-style-type: none"> • CHKS, which the Health Board subscribes to for obtaining pertinent information. • A contract is in place with Commissioner Support Unit. • 'getting it right first time" (GIRFT) initiative, which offers an extensive amount of information concerning the effectiveness of theatre pathways, endorsed with clinical approval from multiple royal colleges. • The NHS Benchmarking Club, an additional source of benchmarking data, is also in place. <p>Wales itself produces a lot of information through Public Health Wales and the National Value Health Portal which is helping address value-based healthcare in Wales. Financial information for Wales is also available via The Vault.</p> <p>There are some identified areas in England that also have low population density which would be appropriate to benchmark against. Other sources of benchmarking include service specific benchmarking, Audit Wales and Digital Health and Care Wales are also active in this area.</p> <p>PPPH/23/07, PPPH/23/08, PPPH/23/10, PPPH/23/09 – noted as closed.</p> <p>ARAC/22/104c and PPPH/22/07 – It was noted that these two actions were no longer needed as they form part of a report to Board on 29 November 2023.</p>
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PPPH/23/22	<p>IMTP – DRAFT PLANNING APPROACH 2024</p> <p>The Director of Planning, Performance and Commissioning presented the report which provided an update on the planning approach for 2024 onwards.</p> <p>Attention was drawn to the following matters:</p> <ul style="list-style-type: none"> • Current year plan included;

- Confirmation the 10 year strategy developed in 2017 was still the right plan for the Health Board and aligned with Healthier Wales and national priorities
- Current performance against plan included;
- Reflections on first six months, key areas of focus and expected deliverables for remaining six months
- Future planning arrangements – noting the planning guidance for 2024/25 not yet published
- The need to use benchmarking data;
- The need to work in partnership with the County Council;
- The rationale for developing a five year rather than a three year plan;
- The skeletal plan and timetable to approval

Independent Members sought assurance by asking the following questions:

When does the Strategic Framework reach the Board, or does it go through Delivery and Performance then to the Board?

The Director Corporate Governance explained that it is included in the forward work plan for Board in March with Board Development sessions also planned.

Do we lead or follow other organisations strategic plans, such as the Public Service Board or the Regional Partnership Board? Do we drive their agendas and their strategies or do their strategy drive ours?

The Director of Planning, Performance and Commissioning explained that the situation was complex because health has its own planning requirements. The partnership space is interesting as there are statutory responsibilities for the Regional Partnership Board. For those areas that are beyond the control of the Health Board partnership working is essential. Planning in Wales is notably strong across that partnership horizon.

In relation to the PESTLE process why is there no reference within the political and the social categories of the need to consider pandemic influence specifically in relation to COVID but also more generally?

The Director of Planning, Performance and Commissioning noted the challenge of achieving balance amidst the ongoing impact of COVID. This included addressing backlogs and health inequalities.

The Assistant Director of Planning added that after years of conducting PESTLE analysis, the speed of change, along

	<p>with the Regional Partnership Board’s involvement, has resulted in a significant transformation.</p> <p><i>What are the potential contradictions within the planning process?</i></p> <p>The Director of Planning, Performance and Commissioning noted that contradictions are seen widely. It is inevitable that people will end up in specific pathways based on their condition, as the NHS aims to connect them with trained experts in their specific area, however, medicine will not transform into holistic pathways immediately. Many additional services are being introduced to address more patient needs.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • CONSIDERED the report and approach set out to develop the next 5-year plan. • RECOMMENDED the approach to the Board for consideration at its meeting on the 29 November 2023.
ITEMS FOR ASSURANCE	
PPPH/23/23	<p>STRATEGIC CHANGE REPORT</p> <p>The Director of Planning, Performance and Commissioning introduced the report which provided an updated stocktake of Strategic Change programmes around Wales and into England which may have an impact on PTHB services and patients.</p> <p>The report was compiled with intelligence from various sources and close collaboration with the commissioning team, who gathered information from contracting and performance review meetings as well as regular commission discussions.</p> <p>The communications and engagement team in NHS Wales have been receiving valuable updates through their peers, networks, and communication leads.</p> <p>A caveat was added to state the report is only as up to date as the intelligence gathered. This is a complex environment with various organisation delivering strategic change.</p> <p>The following areas were highlighted:</p> <ul style="list-style-type: none"> • Each region's involvement in the National Stroke Review and their efforts to advance regional aspects of it • Aerated Concrete issue and how it impacts Powys

- The hospital transformation program in Shropshire, Telford and Wrekin (Future Fit).

These updates demonstrate how major strategic change programmes lead to service change and reflect in consultation and engagement requirements in line with the guidance.

Independent Members sought assurance by asking the following questions:

Can assurance be provided that representations are being made to partners to ensure that the impact on Powys residents is not missed when strategic change is proposed?

The Chief Executive Officer stated that there have been instances where the Health Board was not given prior information about certain proposals that potentially impact on the population of Powys. The Chief Executive has asked if a map of all changes across Wales currently under consideration and any new changes proposed could be produced nationally. Other stakeholders have also expressed their interest in a way of sharing an overarching picture in terms of change.

There are other forums where key changes are discussed on a regular basis. However, there are occasions where PTHB are a few days or weeks behind on updates and this has caused some issues occasionally, but for majority of the time, it works well.

The Assistant Director of Communications and Engagement added that historically, partners from England have been more effective in engaging a specific group, partly because they have a better understanding of establishing relationships between providers and people who seek their services.

Llais has a crucial role as a national organisation, to ensure that any issues raised locally, such as those in Llais and Cwm Taf region, are investigated for potential cross-border implications that should be considered during the planning stage.

The Director of Planning, Performance, and Commissioning noted that there will be an increased level of activity taking place within the Health Board and English Commissioners as some are facing difficulties with staffing, and the quality and effectiveness of certain services they offer. It is possible that the Health Board will see an increase in localised initiatives from the Welsh Government aimed at promoting

	<p>specific areas of expertise in planned care as a proactive measure.</p> <p>The Committee</p> <ul style="list-style-type: none"> RECEIVED the report and took ASSURANCE that the organisation has an appropriate process in place to monitor and review Strategic Change programmes around Wales and into England which may have an impact on Powys Teaching Health Board services and patients.
<p>PPPH/23/24</p>	<p>PRIMARY CARE CLUSTER PLANNING REPORTING AGAINST DELIVERY</p> <p>The Director of Finance, Information and IT presented the report which provided the Committee with an overview and update on the Primary Care Cluster Planning Progress against delivery 2023/24. The report includes three appendices that outline the main focus areas for each of the three clusters.</p> <p>It is crucial to have a proper Benefit Realisation Process in place to effectively quantify the impact of these actions, as these areas of work are funded and when the funds are exhausted, a decision is required as to continue or to stop the service. The benefits realisation process enables correct resource allocation decisions to be made.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>When reviewing the summaries of progress, there is mention of diabetes specifically in the context of the South region only. Can you please provide an explanation for why the increase in diabetes and the importance of preventing diabetes are only discussed in connection with the South region?</i></p> <p>The Director of Finance, Information and IT explained that there is a National Diabetes Programme adopted by our clusters that focuses specifically on cluster plans and the use of cluster funding for programmes and is included in the appendices. This does not imply that it is their sole activity, but they opt to utilise that resource.</p> <p><i>Reviewing the report there is no indication of multi professional engagement in primary care clusters. To what extent are our primary care colleagues actively involved in this project? Do you believe they are effectively involving all stakeholders?</i></p>

	<p>The Director of Finance, Information and IT explained that Powys is in a good position because there are collaboratives established for different staff groups or professional groups. However, for these are not in place for optometry. The use of Multi-Disciplinary Team across clusters has improved over time.</p> <p>As part of this an update on the planning approach in terms of meeting the strategic plan for primary care and the Accelerated Cluster Development arrangements, it was requested the minutes from cluster meetings around how the wider multidisciplinary team are working are circulated.</p> <p>Action: The Director of Finance, Information and IT</p> <p>The Committee</p> <ul style="list-style-type: none"> RECEIVED the paper and took ASSURANCE that the primary Care Cluster Planning progress in in place and reporting against progress.
<p>PPPH/23/25</p>	<p>NWSSP PERFORMANCE (MID-YEAR) REPORT</p> <p>The Director of Finance, Information and IT presented the report which provided summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 30 September 2023.</p> <p>It was noted that many significant factors are related to the workforce in terms of recruitment and these measures also involve performance against purchase to pay.</p> <p>There are interesting indicators on payment performance and recruitment and the time to shortlist by managers and a comparator for all organisations are also included for better understanding. This is the shared services partnership performance that links into the actions and processes in the Health Board.</p> <p>There was a six-monthly review meeting with shared services colleagues and any areas of improvement are picked up and worked through that as actions together.</p> <p>The Committee RECEIVED the report.</p>
<p>PPPH/23/26</p>	<p>ACCELERATED SUSTAINABLE MODEL (PLANNING AND APPROACH)</p> <p>The Chief Executive presented the report which provided an update on the emerging work in relation to a sustainable model for health and care in Powys. There has been some substantial work undertaken by the team both during the discovery and design phases.</p>

The detailed report in Annex 1 summarises the key messages from the Discovery Phase and describes the key characteristics of the Sustainable Approach. Work was not done in a sequential order and there were areas in the discovery stage that need to be embedded in this year's plan.

In respect of frailty within Powys, a more primary care approach is being taken, and there have been excellent involvement and leadership within the clusters and across to the Regional Partnership Board (RPB).

The programme has reached a point where details of the plan have to be shared with the aim of building a more longer-term plan which will help drive a phased delivery through partnerships. The sharing of details with various partners is already underway with involvement from social services, members of the RPB and third sector.

Independent Members sought assurance by asking the following questions:

When are we able to move to the next stage of the Sustainable Model where specific actions and associated benefits of those actions such as cost savings, increased quality of service are identified?

The Assistant Director Commissioning Development stated that there are things that should already be seen coming to fruition now because it is being done in phases, so for example, community cardiology which has been accelerated has all the performance reports available and are showing the number of patients that have been prevented from going through District General Hospitals (DGH). Of the 340 patients seen in Powys, only 15 have had to go on to DGH. Reports on other areas of focus will become available as part of the phased approach.

The Chief Executive added that community wide consultation and engagement will be necessary as the model gathers pace.

The Director of Planning, Performance and Commissioning added that there is the need to clarify the model and build numbers around it so that there is clarity on both the phasing of it, the resources required and expected outcomes and outputs.

In relation to partnerships, can we build the vision into the plan so that it is possible to gauge the level of interest from various partners?

The Assistant Director Commissioning Development stated that this is one of those moments where partnership is

	<p>something that everybody including the leadership are all aligned on and that to date has not encountered anyone who does not want to collaborate. It is also about getting the partnerships right not just within Powys but with strategic partners across the border.</p> <p><i>In relation to Health Prevention, how big a transformation is our Health promotion agenda going to be under this model compared to what we do now?</i></p> <p>The Assistant Director Commissioning Development explained that it is key to the model and areas like Diabetes, Obesity are key areas that will be pulled out as they are intergenerational.</p> <p>The Committee</p> <ul style="list-style-type: none"> • RECIEVED the “Better Together” report and ENDORSED the next steps set out in this paper.
<p>PPPH/23/27</p>	<p>HEALTH PROTECTION SUMMARY REPORT</p> <p>The Director of Public Health presented the report which provided a summary of health protection incidents/outbreaks responded to during the last 12-18 months, and an update on the transition of TTP (Trace, Test, Protect) programme to respond to a wider health protection threats.</p> <p>The response to health protection incidents in Wales has been extremely challenging, not only in relation to COVID-19, but also the wider range of health protection incidents that have occurred over the last 18 months.</p> <p>Independent Members sought assurance by asking the following questions: <i>Given the financial pressures faced by the local authority what is the level of confidence that they will be able to control an outbreak?</i></p> <p>The Director of Public Health stated that the Environmental Health Officer and their team have played an active role in developing control plans for Wales. In addressing the COVID-19 outbreak, the local authority and Health Board have implemented surge responses, which deviated slightly from their pre-pandemic approach. Environmental Health is currently facing a backlog, which they are actively addressing with the assistance of the Health Protection Team. Nationally, discussions are being held regarding the future allocation of resources for Health Protection, taking into account the necessary roles and responsibilities. However, this process is proving to be</p>

	<p>challenging.</p> <p><i>Regarding the Ukrainian Refugee Resettlement are you confident that the systems are sufficiently sensitive to identify those areas of vulnerability?</i></p> <p>The Director of Public Health stated that there is a working group in Powys led by the local authority, that is responsible for the resettlement of individuals from Ukraine. These individuals are registered with GP practices and there is an enhanced level of agreement with GP practices to provide necessary healthcare and support. The local community, including social networks and families, have responded positively and are providing additional assistance. The Ukrainian resettlement group, led by the local authority monitors this situation closely.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • RECIEVED the contents of the report regarding health protection incidents/outbreaks responded to during the last 12-18 months taking ASSURANCE that a process is in place to collect and report the information • NOTED the requirement from Welsh Government to transition from TTP to develop an integrated, agile Team to respond to 'all hazards' • NOTED funding allocation is for the financial year until 31st March 2024.
<p>PPPH/23/28</p>	<p>CHILD IMMUNISATION ANNUAL REPORT</p> <p>The Director of Public Health presented the report which provided an update regarding the uptake of childhood vaccinations across Powys from 01 April 2022 to 31 March 2023. The Childhood Immunisation Schedule includes several immunisations from birth to the age of five.</p> <p>There was a drop in MMR 2 uptake during the pandemic's emergency phase. This may have been due to pressures in primary care clinics and families not attending or scheduling appointments on time. The vaccine recovery timeline has improved to 91.1% for age 4 in the past year and 93.9% for age 5 in Q1 of this year for two MMR vaccines.</p> <p>There was variation in GP practices, with the North and South having better uptake than Mid Powys. Two catch up campaigns were launched to address the low uptake of MMR vaccines, with one focused on primary care between October and March, targeting Polio catch up. Additionally, a summer appointment was made for school aged children</p>

	<p>4 to 16 to receive any missed vaccines at the vaccination centres.</p> <p>There is currently a measles outbreak in Cardiff and concerns across the system of the risk of further outbreaks. There is work going on across Powys and Wales to increase MMR vaccination rates by targeting children and young people who may have missed their vaccine.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • CONSIDERED the uptake in childhood immunisations and took assurance of the actions being undertaken to maintain and/or further increase the uptake of childhood immunisations, including targeted catch-up campaigns.
<p>PPPH/23/29</p>	<p>ADDITIONAL LEARNING NEEDS (ALN) <i>The Designated Education Clinical Lead Officer (DECLLO) joined the meeting.</i></p> <p>The Director of Therapies and Health Sciences presented the report providing an overview of the Additional Learning Needs and Education Tribunal (Wales) Act 2018 (hereafter, the ALN Act), its background to the organisation and its ambitions for 2023 – 2024. The report set out key activity over the past year, key priorities for the next year and the risks for the Health Board associated with the ALN Act.</p> <p>The ALN Act has been live from September 2023 with implementation phased over the period through to September 2024. The Act is designed to deliver better outcomes and experience for children and young people with ALN through identification of learning needs early and ensuring that voices and wishes of young people are central to the decisions made about them. The Act places a number of new statutory duties on Health Boards to ensure collaboration takes place.</p> <p>In Powys, while confirmed data is not yet available, existing data suggests 3,500 children will have ALN requirements, a significant proportion of whom have healthcare needs directly relevant to their learning needs. The Act was established with no additional funding provided, it is anticipated that it will place significant pressures on Operational Services, especially children’s</p>

therapy services and children's speech and language therapy.

An ALN Implementation Steering Group has been established as a joint and shared mechanism for coordinating partner activities in relation to the Act with Powys County Council.

An agreement was made with the Council that a key priority area was establishing an efficient person-centred operational process through which the Health Board can collaborate with Education and fulfil statutory obligations under the Act.

Progress has been made in recent months with an operational model having been agreed, supported by a standard operating procedure which aligns closely with the approach that some of the neighbouring Health Boards and their partner local authorities. Training has been provided for relevant Health Board and Council staff formal implementation the new operational model was imminent.

A suite of high quality short films to give information to families and education professionals about the role of NHS services under the Act have been developed in collaboration with Swansea Bay and Hywel Dda University Health Boards.

At present there is no national reporting requirement with regards to the ALN Act. However, Welsh Government have indicated that they are looking to establish a performance and accountability framework, this will include clarification of relevant data sets.

Internal Audit Services will be carrying out an audit on the Health Board's activities under the Act over the next quarter which will provide feedback and learning. With the new operational processes in place and data capture systems to be addressed shortly, the Health Board will be in a much stronger position over the next year to fully understand the impact on those operational processes, some of which are challenging in terms of meeting referral to treatment time requirements.

There is a risk to the Health Board in respect of failing to comply with its statutory duties under the Act. From a clinical perspective, the ultimate risk is children not receiving improved outcomes. This particular risk currently is caused by not having reliable systems in terms of data

capture and limited capacity within the Health Board to fulfil the requirements of the Act in terms of clinical, administrative staffing and project support.

The Director of Corporate Governance added that the recommendation in the report deliberately does not ask for assurance about the Health Board's compliance to the Act but to consider the activities and the plan to date moving forward.

The Chief Executive Officer also acknowledged some of the challenges outlined and advised that this issue will be picked up in the Joint Executive meeting with the Local Authority to ensure this is given Executive level attention across both organisations.

Independent Members sought assurance by asking the following questions:

Given that we do not know if we are meeting our statutory duties, when will we know, and how quickly can we get that information so that we know we are exercising due diligence on this matter as a Board.

The Chief Executive Officer explained that in terms of timescale, a meeting has been expedited to further discuss the ALN issue and after that meeting, the timescale can be confirmed and brought back to the Committee for assurance.

Noting the operational issues and the process issues with the County Council as well as capacity issues across the Health Board how big a constraint is that, and where does that sit amongst many other issues in terms of risk and in terms of ability to meet our statutory duty?

The Designated Education Clinical Lead Officer explained that the Health Board is in a place where the implementation of the processes is imminent. Positive with digital colleagues has taken place to enable the system to capture data. However, it will be necessary to ensure that within operational services there is capacity to capture data accurately.

The Chief Executive summarised that the current position is that there is a plan and actions are in place to get the Health Board to a position at the end of this financial year, the position and compliance will be known.

A meeting has been arranged with Joint Executive and the Local Authority to expedite this topic and further discuss

	<p>all ALN issues. The outcome of this meeting will be brought back to Committee.</p> <p>Action: Director of Therapies and Health Science</p> <p>The Committee</p> <ul style="list-style-type: none"> • REVIEWED the attached report and ACCEPTED this as an accurate overview of the requirements of the Act and activity from the Health Board to fulfil these requirements. • TOOK assurance regarding activity to date and plans moving forward to meet the requirements of the ALN Act.
<p>PPPH/23/30</p>	<p>WINTER RESPIRATORY VIRUS PLAN UPDATE 2023/24</p> <p>The Director of Public Health gave a presentation which provided an update of the model for the winter respiratory vaccinations. It is a blended model of delivery, through 2 vaccinations centres and 7 GP practices vaccinating various cohorts. Outreach clinics in community hospitals are also provided particularly targeting those areas where GP practices were not able to participate. Finally mobile teams support vaccinating in care homes and District Nursing team, support vaccination in households.</p> <p>Approximately 65,000 individuals were impacted by a change in eligibility and reporting. New guidelines now include one vaccine, and a booster shot. Reporting has changed to use population denominators instead of eligibility denominators.</p> <p>First appointment uptake rate is 46%, compared to the Welsh average of 38% as of early November, and it is expected to increase over the next few weeks as more eligible cohorts get vaccinated.</p> <p>Vaccination was offered in descending order of priority, starting with severely immunosuppressed, and progressing downwards in age groups.</p> <p>In relation to flu vaccination, the Health Board is on track to reach 75% target. Clusters show higher flu uptake in eligible population, especially in 2-3 year olds and those aged 65.</p> <p>There was a 35% uptake with staff flu vaccination, and some of the improvements that have been put in this year into the programme. Every staff member has a personal invitation, and better data capture is in place to determine</p>

	<p>who has accepted the offer. This will assist teams in targeting outreach and clinics.</p> <p>The Committee RECEIVED the update and NOTED the Winter Respiratory Plan would be considered by the Board at its next meeting in November.</p>
ITEMS FOR DISCUSSION	
PPPH/23/31	<p>DEEP DIVE PROPOSALS – DETERMINE A PROGRAMME OF POPULATION HEALTH FOCUSED TOPICS</p> <p>The Director of Public Health gave a presentation providing an overview of the change in population demography for Powys and predicted future changes in the NHS in the next 10 years. Welsh Government statisticians have analysed projections for the NHS in the next 10 years which show a growing elderly population and rise in chronic diseases, including multiple chronic diseases. Living longer has many impacts, but it always means an increase in long term conditions. The biggest increase in modelling is in diabetes and chronic pain.</p> <p>A deep dive into diabetes was agreed to be provided to the Committee in February 2024.</p>
ITEMS FOR INFORMATION	
PPPH/23/32	There were no items for information.
OTHER MATTERS	
PPPH/23/033	<p>COMMITTEE WORK PROGRAMME</p> <p>The Director of Corporate Governance presented the Committee Work Programme and stated that due to the cancellation of the August meeting, some of the items in red have been rescheduled into future meetings.</p> <p>The Committee NOTED the Work programme.</p>
PPPH/23/34	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</p> <p>The Committee noted the Additional Learning Needs (ALN) item would be raised to the Board for awareness.</p>
PPPH/23/35	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no urgent business.</p>
PPPH/23/36	<p>DATE OF THE NEXT MEETING</p> <p>20 February 2024 at 10:00, via Microsoft Teams.</p>

